BETHEL HOME & SERVICES, INC.

614 SOUTH ROCK AVENUE

VIROOUA 54665 Phone: (608) 637-2171 Ownership: Non-Profit Corporation Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled Operate in Conjunction with Hospital? Operate in Conjunction with CBRF? Yes No Title 18 (Medicare) Certified? Number of Beds Set Up and Staffed (12/31/02): 106 Total Licensed Bed Capacity (12/31/02): Title 19 (Medicaid) Certified? 121 Yes Number of Residents on 12/31/02: 91 Average Daily Census: 95

Services Provided to Non-Residents	Age, Sex, and Primary Diagn	Length of Stay (12/31/02)	%				
Home Health Care	No	Primary Diagnosis	응	Age Groups	%	Less Than 1 Year	29.7
Supp. Home Care-Personal Care	Yes					1 - 4 Years	42.9
Supp. Home Care-Household Services	Yes	Developmental Disabilities	2.2	Under 65	4.4	More Than 4 Years	27.5
Day Services	Yes	Mental Illness (Org./Psy)	46.2	65 - 74	3.3		
Respite Care	Yes	Mental Illness (Other)	5.5	75 - 84	38.5		100.0
Adult Day Care	Yes	Alcohol & Other Drug Abuse	0.0	85 - 94	50.5	* * * * * * * * * * * * * * * * * * *	*****
Adult Day Health Care	Yes	Para-, Quadra-, Hemiplegic	0.0	95 & Over	3.3	Full-Time Equivalen	t
Congregate Meals	Yes	Cancer	2.2			Nursing Staff per 100 Re	sidents
Home Delivered Meals	No	Fractures	1.1		100.0	(12/31/02)	
Other Meals	Yes	Cardiovascular	15.4	65 & Over	95.6		
Transportation	Yes	Cerebrovascular	11.0			RNs	12.4
Referral Service	Yes	Diabetes	2.2	Sex	용	LPNs	4.7
Other Services	Yes	Respiratory	7.7			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	6.6	Male	20.9	Aides, & Orderlies	36.2
Mentally Ill	No			Female	79.1	1	
Provide Day Programming for			100.0			I	
Developmentally Disabled	No				100.0	1	

## Method of Reimbursement

		edicare itle 18			edicaid itle 19			Other		I	Private Pay	<u> </u>		amily Care			Managed Care	ļ 		
Level of Care	No.	90	Per Diem (\$)	No.	%	Per Diem (\$)	No.	90	Per Diem (\$)	No.	00	Per Diem (\$)	No.	90	Per Diem (\$)	No.	0/0	Per Diem (\$)	Total Resi- dents	
Int. Skilled Care	0	0.0	0	1	1.6	130	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	1.1
Skilled Care	2	100.0	305	56	90.3	112	0	0.0	0	23	92.0	134	0	0.0	0	2	100.0	313	83	91.2
Intermediate				5	8.1	93	0	0.0	0	2	8.0	134	0	0.0	0	0	0.0	0	7	7.7
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	2	100.0		62	100.0		0	0.0		25	100.0		0	0.0		2	100.0		91	100.0

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Admissions, Discharges, and	1	Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02								
Deaths During Reporting Period	[									
	[				% Needing		Total			
Percent Admissions from:		Activities of	%	As	sistance of	% Totally	Number of			
Private Home/No Home Health	12.9	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents			
Private Home/With Home Health	2.2	Bathing	0.0		70.3	29.7	91			
Other Nursing Homes	76.3	Dressing	15.4		67.0	17.6	91			
Acute Care Hospitals	0.0	Transferring	31.9		56.0	12.1	91			
Psych. HospMR/DD Facilities	0.0	Toilet Use	27.5		48.4	24.2	91			
Rehabilitation Hospitals	0.0	Eating	52.7		39.6	7.7	91			
Other Locations	8.6	* * * * * * * * * * * * * * * * * * * *	*****	*****	*****	******	*****			
Total Number of Admissions	93	Continence		용	Special Treatm	nents	%			
Percent Discharges To:	[	Indwelling Or Extern	al Catheter	2.2	Receiving Re	spiratory Care	11.0			
Private Home/No Home Health	43.6	Occ/Freq. Incontinen	it of Bladder	49.5	Receiving Tr	acheostomy Care	0.0			
Private Home/With Home Health	1.0	Occ/Freq. Incontinen	nt of Bowel	15.4	Receiving Su	ctioning	0.0			
Other Nursing Homes	1.0				Receiving Os	tomy Care	3.3			
Acute Care Hospitals	2.0	Mobility			Receiving Tu	be Feeding	0.0			
Psych. HospMR/DD Facilities	1.0	Physically Restraine	ed	18.7	Receiving Me	chanically Altered Diets	14.3			
Rehabilitation Hospitals	0.0									
Other Locations	4.0	Skin Care			Other Resident	Characteristics				
Deaths	47.5	With Pressure Sores		8.8	Have Advance	Directives	89.0			
Total Number of Discharges	[	With Rashes		1.1	Medications					
(Including Deaths)	101				Receiving Ps	ychoactive Drugs	49.5			

Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities

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\* Ownership: Bed Size: Licensure: Nonprofit Skilled This 100-199 All Peer Group Facility Peer Group Peer Group Facilities 용 Ratio Ratio Ratio Ratio Occupancy Rate: Average Daily Census/Licensed Beds 86.5 0.91 82.4 0.95 83.3 0.94 85.1 78.5 0.92 Current Residents from In-County 79.3 79.0 75.8 83.5 1.05 1.06 1.10 76.6 1.09 Admissions from In-County, Still Residing 26.9 23.9 1.13 21.3 1.26 22.0 1.22 20.3 1.32 Admissions/Average Daily Census 97.9 107.3 0.91 130.4 0.75 118.1 0.83 133.4 0.73 Discharges/Average Daily Census 106.3 110.2 0.96 132.8 0.80 120.6 0.88 135.3 0.79 Discharges To Private Residence/Average Daily Census 47.4 41.6 1.14 58.2 0.81 49.9 0.95 56.6 0.84 Residents Receiving Skilled Care 92.3 93.2 0.99 93.4 0.99 93.5 0.99 86.3 1.07 Residents Aged 65 and Older 95.6 95.7 94.2 1.01 93.8 1.02 87.7 1.09 1.00 Title 19 (Medicaid) Funded Residents 68.1 0.99 0.92 70.5 0.97 69.2 73.9 67.5 1.01 Private Pay Funded Residents 27.5 22.6 1.22 17.0 1.62 19.3 1.43 21.0 1.31 Developmentally Disabled Residents 2.2 0.6 3.46 0.8 2.93 0.7 3.05 7.1 0.31 37.7 Mentally Ill Residents 51.6 35.9 34.5 1.50 1.37 33.3 1.55 1.44 General Medical Service Residents 6.6 0.36 0.35 0.36 18.1 19.0 18.1 20.5 0.32 Impaired ADL (Mean) 46.6 48.7 0.96 48.0 0.97 47.5 0.98 49.3 0.95 Psychological Problems 49.5 52.0 0.95 51.4 0.96 52.9 0.93 54.0 0.92 6.8 0.71 Nursing Care Required (Mean) 4.8 6.8 0.71 6.8 0.71 7.2 0.67